



**STATE OF MISSOURI
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
INVITATION FOR BID**

IFB NO. EC0304
TITLE: Early Childhood Child Care Development Fund

CONTACT PERSON: Carol Rackers
PHONE NO.: (573) 751-4463

ISSUE DATE: October 10, 2003

E-MAIL: crackers@mail.dese.state.mo.us

RETURN BID NO LATER THAN: 3:00 PM on November 14, 2003

MAILING INSTRUCTIONS: Print or type **IFB Number** and **Return Due Date** on the lower left hand corner of the envelope or package.

RETURN BID TO: DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
ATTN: Early Childhood Education Section
205 JEFFERSON STREET, 7TH FLOOR
PO BOX 480
JEFFERSON CITY MO 65102-0809

CONTRACT PERIOD: Date of Award through June 30, 2004

The bidder hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Invitation for Bid (Revised 11/22/00). The bidder further agrees that the language of this IFB shall govern in the event of a conflict with his/her bid. The bidder further agrees that upon receipt of an authorized purchase order from the DESE or when this IFB is countersigned by an authorized official of the State of Missouri, a binding contract shall exist between the bidder and the DESE.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE		DATE
PRINTED NAME		TITLE
COMPANY NAME		
MAILING ADDRESS		
CITY, STATE, ZIP		
VENDOR NO. (IF KNOWN)		FEDERAL EMPLOYER ID NO.
PHONE NO.	FAX NO.	E-MAIL ADDRESS

NOTICE OF AWARD (STATE USE ONLY)

ACCEPTED BY STATE OF MISSOURI AS FOLLOWS:	
TITLE Commissioner of Education	DATE
CONTRACT AMOUNT NOT TO EXCEED: \$ _____	



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
EARLY CHILDHOOD EDUCATION
PO BOX 480, JEFFERSON CITY, MISSOURI 65102-0480
EARLY CHILDHOOD CHILD CARE GRANT APPLICATION

This application must be typed in full, signed and received no later than **November 14, 2003, 3:00 p.m.** in order to be considered for funding. Individually word processed applications will not be accepted. Additional copies of this form may be made.

SECTION I – PROJECT INFORMATION

DISTRICT NAME	SITE NAME	COUNTY/DISTRICT CODE _ _ _ _ - _ _ _ _	COUNTY NAME
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PLEASE COMPLETE THE MAILING ADDRESS FOR THE DISTRICT SUPERINTENDENT

SUPERINTENDENT'S NAME	STREET ADDRESS
CITY, STATE, AND ZIP	TELEPHONE NUMBER ()

PLEASE COMPLETE THE MAILING ADDRESS FOR THE GRANT CONTACT PERSON (Person responsible for program & receives correspondence)

CONTACT PERSON'S NAME	TITLE	
ORGANIZATION-ENTITY NAME	MAILING ADDRESS	
CITY, STATE, AND ZIP	TELEPHONE NUMBER ()	FAX NUMBER ()

SECTION II – PROGRAM AND GRANT INFORMATION

CHECK ONE SERVICE IN WHICH GRANT FUNDS WILL APPLY <input type="checkbox"/> New Services (implementing new program) <input type="checkbox"/> Existing Services enhancement or increase program) <input type="checkbox"/> District-Wide Enhancement for Early Childhood Programs	AMOUNT REQUESTED \$ _____	IS THE EARLY CHILDHOOD CHILD CARE PROGRAM FOR CHILDREN OF TEEN PARENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SECTION III – STATEMENT OF ASSURANCES

The Application hereby assures the Department of Elementary and Secondary Education that:

- A. The school district will maintain such records and provide such information as may be necessary for fiscal and program auditing and will provide the Department any information it may need to carry out its responsibilities under the federal grant.
- B. The school district will comply with federal guidelines for this grant.
- C. The school district will use funds received under this grant only to supplement the level of funds that in absence of this grant would have been available from other sources and not to supplant such funds.
- D. Failure to meet the requirements set forth by this grant will forfeit eligibility to receive grant award.

The district, through its authorized representative, fully understands the Assurances and the responsibility for compliance placed upon the organization by the Assurances. The organization will refund directly to the Department any unused or misused funds. Any significant revision of the approved application will be requested in writing by the grantee prior to the enactment of the change.

SIGNATURE (Individual Responsible for Program)	PRINT NAME	TITLE	DATE
SIGNATURE (Superintendent or Authorized Representative)	PRINT NAME	TITLE	DATE

SECTION IV – BUDGET INFORMATION	
LEAD AGENCY	COUNTY/DISTRICT CODE
INSTRUCTIONS: 1. All figures MUST be rounded to the nearest dollar. Make certain all figures and calculations are correct. 2. Maximum grant award is \$20,000 per site, \$40,000 per district.	
A. Salaries	\$
B. Employee Benefits	\$
C. Purchased Services:	
Travel (In State)	\$
Consultant Fees and Expenses	\$
Professional Development Costs	\$
Program Improvement	\$
D. Materials and Supplies	\$
E. Equipment Purchases	\$
TOTAL REQUESTED AMOUNT	\$
YOU MUST ATTACH A DETAILED/ITEMIZED DESCRIPTION FOR EACH BUDGET CATEGORY FOR FUNDS BEING REQUESTED.	
FOR DESE USE ONLY	
BUDGET AMOUNT REQUESTED	
DATE APPROVED	DESE STAFF INITIALS
COMMENTS	

**INSERT ITEMIZED LISTING OF
BUDGET ITEMS HERE**

SECTION V – ENROLLMENT INFORMATION (All information pertains to child care program for which the grant is intended)*Complete either Part A or Part B and Part C, If applicable***A. NEW CHILD CARE PROGRAM****0-24 months****24-36 months****3 & 4 years**

1. Estimated Number of low-income children you expect to serve at this site _____
2. Estimated Number of special needs children you expect to serve at this site _____
3. Estimated Total Enrollment _____

B. EXISTING CHILD CARE PROGRAM**0-24 months****24-36 months****3 & 4 years**

1. Number of low-income children currently being served _____
2. Number of special needs children currently being served _____
3. Total Number of children currently being served _____

C. ADDITIONAL CHILDREN TO BE SERVED**0-24 months****24-36 months****3 & 4 years**

1. Estimated Number of **additional** low-income children to be served _____
2. Estimated Number of **additional** special needs children to be served _____
3. Estimated Total Number of **additional** children to be served _____

TOTAL NUMBER OF CHILDREN TO BE SERVED: _____**SECTION VI – PROGRAM USE OF GRANT FUNDS**

Check all that apply:

- ☐ Implement a new child care program
- ☐ Increase availability of child care
- ☐ Enhance the quality of child care
- ☐ Assist in meeting licensing rules
- ☐ Assist in meeting Early Childhood Accreditation (Missouri Accreditation or NAEYC)
- ☐ Assist in meeting health and safety requirements
- ☐ Minor remodeling
- ☐ Purchase of equipment
- ☐ Program materials
- ☐ Curriculum implementation and training
- ☐ Activities or purchases which will increase the quality of child care
- ☐ Other (specify) _____

SECTION VII – PROGRAM INFORMATION**A.** If applicable, provide the name and address of the outside agency or organization (must be not-for-profit) that administers, or will administer the program:

Contact Person: _____

Organization/Entity: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

B. Attach a copy of the Letter of Agreement or Contract between the district and the not-for-profit agency.

SECTION VII – PROGRAM INFORMATION (Continued)

C. Will the program be located on the school site? ☐ YES ☐ NO

NAME OF SCHOOL AND ADDRESS OF ACTUAL LOCATION OF PROGRAM

NAME OF CONTACT PERSON ON SITE

TITLE

TELEPHONE NUMBER

FAX NUMBER

D. Dates services began or will begin ____ / ____ / ____

E. Hours/Days of Operation: _____

F. The program will be in session during: (check all that apply)

☐ Regular School Session ☐ Summer (non-school days) ☐ School breaks/holidays ☐ Year Round

G. The program is currently licensed by the Bureau of Child Care, Missouri Department of Health? ☐ YES ☐ NO

If yes, attach a copy of your license certificate.

H. The program currently has Missouri Accreditation? ☐ YES ☐ NO

If yes, attach a copy of your Missouri Accreditation Certificate.

I. The program currently has NAEYC (National Association for the Education of Young Children) Accreditation? ☐ YES ☐ NO

If yes, attach a copy of your NAEYC Accreditation Certificate.

J. Has the program site received a CCDF Grant (block grant) award in the past? ☐ YES ☐ NO

If yes, please check all that apply:

☐ 1992-93 ☐ 1993-94 ☐ 1994-95 ☐ 1995-96 ☐ 1996-97 ☐ 1997-98
☐ 1998-99 ☐ 1999-2000 ☐ 2000-2001 ☐ 2001-2002 ☐ 2002-2003

**ATTACH COPY OF CURRENT
STATE LICENSE
OR
LICENSE EXEMPT STATUS
LETTER FROM DOH HERE**

**ATTACH A COPY OF YOUR
CURRENT ACCREDITATION
CERTIFICATE HERE**

SECTION VIII – PROGRAM NARRATIVE

A. DEFINE THE NEED

Fully explain the specific need for and interest in a new or enhanced child care program in your geographic area. Describe how this grant award will improve the quality and/or increase the availability of child care. (All information must be contained within this space, "see attached" is not acceptable.)

SECTION VIII – PROGRAM NARRATIVE (Continued)

B. COLLABORATIVE EFFORTS

What process was used to decide that there was a need? List all collaborative efforts used in planning and implementing this program. Fully explain how collaborative efforts will enhance the quality of the program. (All information must be contained within this space, "see attached" is not acceptable.)

SECTION VIII – PROGRAM NARRATIVE (Continued)

C. PROGRAM GOALS AND OBJECTIVES

Present a concise statement describing the intended purpose, goals, and objectives of the new or increased program. Briefly state how the grant funds will be used to meet these goals and objectives. (All information must be contained within this space, “see attached” is not acceptable.)

SECTION VIII – PROGRAM NARRATIVE (Continued)

D. IMPLEMENTING THE PLAN

Describe how the program will be implemented and include a time line. Give special attention to community and parent involvement, publicity and recruitment. Provide a sample schedule of the daily routine and activity choices for children. Demonstrate time line and evaluation for on-going staff training and professional development. Show how this increases and/or enhances care and availability.

This section also needs to address the plans for implementing the accreditation process. The narrative needs to include a time line of activities related to the program working toward and becoming accredited. (All information must be contained within this space, "see attached" is not acceptable.)

SECTION VIII – PROGRAM NARRATIVE (Continued)

E. LONG RANGE PLANS AND EVALUATION

Describe how the program will be funded beyond the grant award period. Indicate long-range plans for fiscal viability including specific sources for funds. Please list fee schedule and scholarship guidelines. Describe how the program will be evaluated to ensure high quality. (All information must be contained within this space, “see attached” is not acceptable.)

SECTION VII – PROGRAM NARRATIVE (Continued)

F. PLANNED FACILITIES

Describe the proposed or existing program site, including dimensions, available equipment, where the program is located in the building, and all other room accessed. (All information must be contained within this space, “see attached” is not acceptable).

SECTION VII – PROGRAM NARRATIVE (Continued)

G. EARLY CHILDHOOD STAFF	
1	NAME
2	POSITION
3	EDUCATION
4	EXPERIENCE
5	TEACHING
6	TEACHING
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100	TEACHING

1. In the box below, list current and/or proposed position (s), educational background, and child care experience of the staff – including the program administrator. Applicant must indicate which staff work directly with the children in the program. Attach all position descriptions including minimum qualifications and experience required.
2. Attach a **ONE PAGE** resume for program administrator/site director relating to education and experience to early childhood. **ATTACH JOB POSITION DESCRIPTIONS AND RESUMES HERE**

[illegible]

**ATTACH JOB
POSITION DESCRIPTIONS
AND RESUMES
HERE**